# CLAIMS ONLY

**Application Number** AB 09/729,279

**Filing Date**

Applicant(s)

8/2/05

*May be used for additional claims or amendments

| CLAIMS | AS FILED 3/24/05 Indep | Depend | AFTER FIRST AMENDMENT Indep | Depend | AFTER SECOND AMENDMENT Indep | Depend |
|---|---|---|---|---|---|---|
| 1 | 1 | | | 1 | | |
| 2 | | 1 | | 1 | | |
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| 10 | | 1 | | 1 | | |
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| 12 | | 11 | | 11 | | |
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| 14 | 1 | | | 1 | | |
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| 18 | 1 | | | | | |
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| 31 | 1 | | 1 | | | |
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| **Total Indep** | 4 | | 4 | | | |
| **Total Depend** | 94 | | 94 | | | |
| **Total Claims** | 98 | | 98 | | | |

| CLAIMS | Indep | Depend | Indep | Depend | Indep | Depend |
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| 51 | | | | | | |
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| **Total Indep** | | | | | | |
| **Total Depend** | | | | | | |
| **Total Claims** | | | | | | |